



FORM
LOB
(Rev. 5/2013)

'14 MAY 28 AM 11:30



HAWAII STATE ETHICS COMMISSION
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

STATE OF HAWAII
STATE ETHICS COMMISSION

REPORT YEAR: 2014

☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February

☒ March 1 - April 30

☐ May 1 - December 31

LOBBYIST INFORMATION

Kodama

Last Name

Laura

First Name

M

M.I.

Castle & Cooke Homes Hawaii, Inc.

Lobbyist Firm/Employer

680 Iwilei Road

Box 510

Mailing Address (Number and Street or P.O. Box)

Honolulu

City

HI

State

96817

Zip Code

(808) 548-4811

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Fees Paid to Lobbyist	Postage	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Other Disbursements	Loans	EXPENDITURES	TOTAL
1. Castle & Cooke Homes Hawaii, Inc.	0	0	0	0	0	0	0	0	0	0	0
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

16. Total Expenditures from Additional Attached Sheet(s) ▶

Add Total Expenditures (lines 1 through 16) _____

Total Expenditures ▶ 0

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached**PART II. CONTRIBUTIONS RECEIVED**

List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name	On Behalf of ORG	Amount or Value

☐ Check here if additional sheets are attached**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other (indicate below): _____ |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

AUTHORIZED PERSON

Laura M. Kodama



MAY 23 2014

Print Name of Authorized Person (First M.I. Last)

Title

Date (m/d/yyyy)

☒ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.